

Stephen Joshua Zarcate 702364S
 Name and Inmate Booking Number DETENTION
CCDC 1115 Clark County Detention Center

Place of Confinement
330 S Casino Center Blvd

Mailing Address
LAS Vegas, NV 89101

City, State, Zip Code

**UNITED STATES DISTRICT COURT
 DISTRICT OF NEVADA**

Stephen Joshua Zarcate
 Plaintiff

vs.

(1) TRINITY ,
 (2) Humphry ,
 (3) _____ ,
 (4) _____ ,
 (5) _____ ,
 Defendant(s).

2:22-cv-02046-RFB-BNW

Case No. _____
 (To be supplied by Clerk of Court)

**CIVIL RIGHTS COMPLAINT
 BY AN INMATE**

- Original Complaint
 First Amended Complaint
 Second Amended Complaint

 Jury Trial Demanded

A. JURISDICTION

- 1) This Court has jurisdiction over this action pursuant to:

- 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
 28 U.S.C. § 1331; *Bivens v. Six Unknown Named Agents*, 403 U.S. 388 (1971)
 Other: _____

- 2) Institution/city where Plaintiff currently resides: LAS Vegas, Nevada Clark County Detention Center
 3) Institution/city where violation(s) occurred: CLARK County Detention Center

B. DEFENDANTS

1. Name of first Defendant: TRINITY. The first Defendant is employed as:
CCDC DIATICON at CCDC 111S Clara County Detention Center
 (Position of Title) (Institution)
2. Name of second Defendant: Humphry. The second Defendant is employed as:
Sergeant CCDC 111S at Clark County Detention Center
 (Position of Title) (Institution)
3. Name of third Defendant: _____ . The third Defendant is employed as:
 _____ at _____.
 (Position of Title) (Institution)
4. Name of fourth Defendant: _____ . The fourth Defendant is employed as:
 _____ at _____.
 (Position of Title) (Institution)
5. Name of fifth Defendant: _____ . The fifth Defendant is employed as:
 _____ at _____.
 (Position of Title) (Institution)

If you name more than five Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. NATURE OF THE CASE

Briefly state the background of your case.

My medical Allergy is Onions And Mr/Mrs Trinity
 will not adhere to my medical Restrictions
 of a non Onion Kosher Diet. I Am A Seven DAY
 Adventist And am being forced to eat Against
 my medical Restrictions I Have tried to WARN
 Mr/Mrs Trinity of this Allegation And HAVE
 FILED All proper grievances. She won't tell me her
 full NAME And HAVE Conspired with Sergeant
 Humphry who also holds back his name on Retaliation

D. CAUSE(S) OF ACTION**CLAIM 1**14 Amendment

1. State the constitutional or other federal civil right that was violated: ~~Due Process~~

2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Medical care | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input checked="" type="checkbox"/> Access to the court | <input type="checkbox"/> Excessive force by officer | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Date(s) or date range** of when the violation occurred: November-December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

During the process of trying to Alkiate the Diet Situation Mr/mrs TRINITY would NOT Give me his/her Full Name to do my CIVIL LAWSUIT or to even fix the SITRATION in my proper GRIEVANCES and medical Kites which lead Mr/mrs TRINITY the DIATICON OF CCAC HIS CLARK County Detention Center to obstruct And hinder the process of the Courts And ALSO violated my Due Process Rights by not disclosing his/her full name especially the final month before I had no choice to FILE my CIVIL ACTION based ON HIS/HER Job DESCRIPTION And last Name. There EXCUSE ITS A SECURELY CONNED TO KNOW THE DIATICON'S FULL NAME AS WELL AS Correctional Officer HUMPHRY SAgent of Clark County Detention Center

CLAIM 2

1. State the constitutional or other federal civil right that was violated:

Obstruction/hindering the process of the Courts

6th Amendment

2. **Claim 2.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Medical care | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Access to the court | <input type="checkbox"/> Excessive force by officer | <input checked="" type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. Date(s) or date range of when the violation occurred: Nov 2022-December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 2. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

During the process of my medical Kites And Grievance procedure And my Only chance At the Only Remedy I Can think of Giving me A medical Kosher No Onion Diet It Was Reported by Correctional Officer Humphry that I can not contact TRINITY CAUSE "The Kiosk Is Broken, Someone TORE The back off it (the Kiosk)" When the Kiosk Worked All Along It Just Someone BROKE A Panel In The Booth Area That Its Situated next to, The Only Source of Communication to Administration And Religious Service So I Quickly Put together that All my Diligence At seeking A remedy (solution) with my Diet was Retaliation To Stop All Access to Administration While TRINITY Set up A proper Civil Action Defense when it Didn't have to (Amunt) Comes to this conclusion

CLAIM 2

3

1. State the constitutional or other federal civil right that was violated:

GROSS/CONTRIBUTORY

Negligence

2. **Claim 2.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

<input checked="" type="checkbox"/> Basic necessities	<input type="checkbox"/> Medical care	<input type="checkbox"/> Mail
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Exercise of religion	<input type="checkbox"/> Property
<input type="checkbox"/> Access to the court	<input type="checkbox"/> Excessive force by officer	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

3. Date(s) or date range of when the violation occurred:

August 2022-December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 2. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

My medical allergy is common HS A OWN
DAIRES, particularly Red Onions, And
TRINITY WONT LISTEN TO REASON ON FOLLOWING
FEDERAL REGULATIONS ON MEDICAL ALLERGIES
WHICH IS A BASIC REQUIREMENT OF A PRE-TRIAL
DETAINEE OF NEVADA IN LAS VEGAS
CLARK COUNTY. SHE WONT AND REFUSE TO
ACKNOWLEDGE MY OWN (RED) ALLERGY REQUIRED
BY FEDERAL AND STATE LAW FOR A
DIETICIAN WHO HOLDS A
DIETICIAN LICENSE IN THE US PARTICULARLY
NEVADA.

D. CAUSE(S) OF ACTION**CLAIM 1**

1. State the constitutional or other federal civil right that was violated:

RFRRAReligious Freedom

2. **Claim 1.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Medical care | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input checked="" type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Access to the court | <input type="checkbox"/> Excessive force by officer | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Date(s) or date range** of when the violation occurred:

August 2022 - December 2022

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 1. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

As A Seven Day Advent (7-DAY-ADVENTIST)
 I AM forced by TRINITY THE DIATION OF
 CCDC ILLS to eat a NON TYPE Kosher
 Diet that has my medical Allergy Red
 Onions. My Established medical Allergy
 was in 2017, AND I was on the Religious
 Kosher Diet At the Same time. While
 CCDC followed my medical Allergy Restriction
 But In 2022 After months of Arguing, pleading,
 Petitioning, Trinity has Ignored all pleas
 To Adhere to the Kosher Dietary Standards
 While not following the medical Restrictions
 placed on me for my Religion Fasting.
 By allowing Any type of Onion product
 power in the preparing of my Kosher
 meal

CLAIM 3

1. State the constitutional or other federal civil right that was violated: _____

2. **Claim 3.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Medical care | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Property |
| <input type="checkbox"/> Access to the court | <input type="checkbox"/> Excessive force by officer | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____. | |

3. **Date(s) or date range** of when the violation occurred: _____.

4. **Supporting Facts:** State as briefly as possible the FACTS supporting Claim 3. Describe exactly what **each specific defendant (by name)** did to violate your rights. State the facts clearly in your own words without citing legal authority or argument.

If you assert more than three claims, answer the questions listed above for each additional claim on a separate page.

E. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while incarcerated? Yes No

2. Has this Court or any other court designated you as subject to "three strikes" under 28 U.S.C. § 1915(g)? Yes No

3. If you have "three strikes" under 28 U.S.C. § 1915(g), does this complaint demonstrate that you are "under imminent danger of serious physical injury?" Yes No

F. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

~~Two Thousand~~ ~~per person~~ ~~228,000~~ ~~%~~ ~~Two Hundred~~
 Twenty Eight Thousand Dollars

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Pt - Se

(name of person who prepared or helped prepare this complaint if not the plaintiff)

[Signature]

(signature of plaintiff)

12-6-22

(date)

ADDITIONAL PAGES

You must answer all questions concisely in the proper space on the form. Your complaint may not be more than 30 pages long. It is not necessary to attach exhibits or affidavits to the complaint or any amended complaint. Rather, the complaint or any amended complaint must sufficiently state the facts and claims without reference to exhibits or affidavits. If you need to file a complaint that is more than 30 pages long, you must file a motion seeking permission to exceed the page limit and explain the reasons that support the need to exceed 30 pages in length.